

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

August 3, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Hy-Vee, 6919 'O' Street holder of a class D liquor license. They request this liquor license be upgraded to a class C liquor license.


For Council's information if issued the class C liquor license allows for on premise consumption.

If this application is approved the Lincoln Police Department requests the following conditions be added to the license.

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage

Ownership of the establishment has not changed, and background information is being omitted but is available for review on Councils' request.

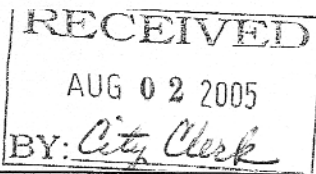
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





PH: 8/22/05
STATE OF NEBRASKA

Dave Heineman
Governor

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.nol.org/home/NLCC/>

July 26, 2005

Lincoln City Clerk
555 So 10th
Lincoln NE 68509

AS-084792
48

RE: Hy Vee, Inc dba Hy Vee #1, 6919 "O" Street, Lincoln

Dear Local Governing Body:

Class A

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

CITY CLERK'S OFFICE
2005 JUL 29 PM 11 53
CITY OF LINCOLN
NEBRASKA

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

RECEIVED

MAY 17 2005

INSTRUCTIONS: Include: **1.** Applicable fees payable to Liquor Control Commission **2.** Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 **3.** Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska **4.** Commission checklist, form 4251 **5.** Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock **6.** All applications must be typewritten or printed clearly **7.** Submit in **Triplicate** **8.** Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

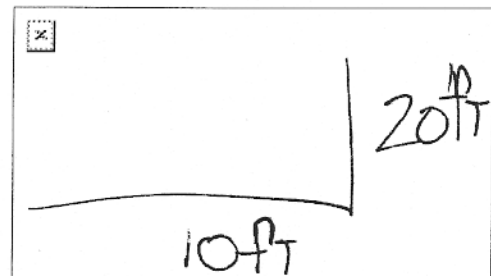
TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)	<div style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: right; font-weight: bold;">MAY 17 2005</div>	
1. <input type="radio"/> Individual License requires Form 1 to be attached.		Name Jill Lalone
2. <input type="radio"/> Partnership License requires Form 2 to be attached.		Firm Name Hy-Vee, Inc.
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached		Address West Des Moines, IA 50266

SECTION A – LOCATION INFORMATION – Must be completed by all applicants

Trade Name (name of business) Hy-Vee, Inc. DBA: Hy-Vee #1		Telephone Number at premise to be licensed 402-453-7707	
1) Street Address of Proposed licensed premise 6919 "O" Street		2) Mailing Address for receipt of Liquor Control Commission mailings 5820 Westown Parkway	
City Lincoln	County Lancaster	City West Des Moines	County Polk
Zip Code 68510	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 50266	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

SECTION B			OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No			
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>			<p>RECEIVED</p> <p>MAY 17 2005</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>			
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>			
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>			
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>			

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	RECEIVED
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	NEBRASKA LIQUOR CONTROL COMMISSION
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Midwest Heritage Bank 1025 Braden Chariton, IA 50049 Richard Jurgens - President, CEO John Briggs - Treasurer		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	Please see attached		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	Darren Baty		

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p>	<p style="text-align: center; font-size: 1.2em;">STORE DIRECTOR HOSPITALITY TRAINING RECEIVED</p>																																
<p>14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)</p>	<p>Please see attached MAY 17 2005</p> <p style="text-align: center; font-weight: bold;">NEBRASKA LIQUOR CONTROL COMMISSION</p>																																
<p>15. When do you intend to open for business?</p>	<p>The location is already open, it is currently run under license DK16678</p>																																
<p>16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 10%;">FROM (YEAR)</th> <th style="width: 10%;">TO (YEAR)</th> <th style="width: 40%;">RESIDENCE (CITY, STATE)</th> </tr> </thead> <tbody> <tr> <td>See Attached</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </tbody> </table>		NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)	See Attached																											
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RECEIVED

MAY 17 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Charles M. Bell	1985	1994	Chariton, IA
"	1994	Present	Des Moines, IA

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

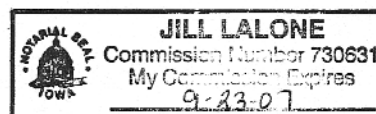
sign here Charles M. Bell, Exec. V.P.
sign here _____
sign here _____
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sign here _____

sign here _____
sign here _____
sign here _____
sign here _____

Subscribed in my presence and sworn to before me this 29th day of March, 2005.

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

(SEAL)



sign here

Jill Lalone
Notary Public Signature

RECEIVED

MAY 17 2005

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Stephen P. Meyer	1992	Present	Des Moines, IA

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

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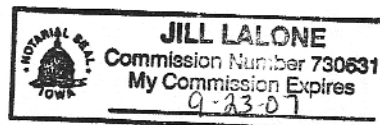
sign here Stephen P. Meyer
 Stephen P. Meyer, Secretary
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sign here SINGLE
 sign here _____
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Subscribed in my presence and sworn to before me this 29th day of March, 2005.

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(SEAL)



sign here

Jill Lalone
 Notary Public Signature

RECEIVED

MAY 17 2005

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Richard N. Jurgens	1992	Present	West Des Moines, IA
Carol Jurgens	Same	—	—

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

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Richard N. Jurgens, President

sign
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sign
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Carol Jurgens, Spouse

Subscribed in my presence and sworn to before me this 29th day of March, 2005.

(SEAL)

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.



sign
here

Notary Public Signature

RECEIVED

MAY 17 2005

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE CITY, STATE
John C. Briggs	1985	1994	Chariton, IA
"	1994	Present	Waukee, IA
Dianne Briggs	Same	—	—

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

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sign
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John C. Briggs, Treasurer

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Dianne Briggs, Spouse

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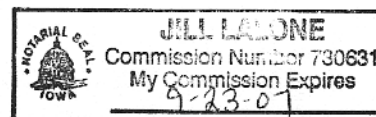
sign
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Subscribed in my presence and sworn to before me this 29th day of March, 2005.

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

(SEAL)



sign
here

Notary Public Signature

FORM 45 2004

Rev. 2004

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

RECEIVED

MAY 17 2005

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

Carol J. Jurgens

Signature of Spouse

Carol J. Jurgens

SUBSCRIBED in my presence and sworn to before me this 29th day of March, A.D., 2005

Jill Lalone

Signature of Notary Public



JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Richard N. Jurgens

Signature of Licensee/Applicant

Richard N. Jurgens, President

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29th day of March, A.D., 2005

Jill Lalone

Signature of Notary Public



JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

FORM 35-4178
REV 2/01

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

MAY 17 2005

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

Dianne L. Briggs

Signature of Spouse **Dianne L. Briggs**

SUBSCRIBED in my presence and sworn to before me this 29th day of March, A.D., 2005

Jill Lalone

Signature of Notary Public



JILL LALONE
 Commission Number 730631
 My Commission Expires
9-23-07

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]
 Signature of Licensee/Applicant

John C. Briggs, Treasurer

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29th day of March, A.D., 2005

Jill Lalone

Signature of Notary Public



JILL LALONE
 Commission Number 730631
 My Commission Expires
9-23-07

FORM 35-4178
 REV 2/01

Corporation/LLC Application for License - Form 3 Nebraska Liquor Control Commission

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

RECEIVED

MAY 17 2005

NEBRASKA LIQUOR
CONTROL COMMISSIONName of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Hy-Vee, Inc. *

Total Number of Shares (if corporation)

16,666,200 *

Corporate Street Address

5820 Westown Parkway *

Mailing address for receipt of Liquor Control Commission Mailings

5820 Westown Parkway *

Corporate Telephone Number

515-267-2800 *

City

West Des Moines *

County

Polk *

State

IA *

Zip Code

50266 * -

Name of Registered Agent

The CT Corporation *

Name of Proposed Manager

Darren Baty *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Richard Jurgens *

Title

President, CEO *

Date of Birth

Social Security Number

* -

Home Address (1)

3008 Jordan Grove *

City

West Des Moines *

State

IA *

Zip Code

50265 * -

Home Telephone Number

515-267-2800 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSESName of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliasesSocial Security
Number

Date of Birth

Title

Name

Jurgens, Richard N.

Spouse Name

Jurgens, Carol Jean, Gaffney

Partner Number of Shares / % 250,117

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Bell, Charles			Executive VP
Spouse Name			
Partner Number of Shares / % 347,002	Spouse Number of Shares / %		
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Meyer, Stephen P.			Secretary
Spouse Name			
Partner Number of Shares / % 153,692	Spouse Number of Shares / %		
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Briggs, John C.			Treasurer
Spouse Name Briggs, Diane L. Herrin			
Partner Number of Shares / % 59,048	Spouse Number of Shares / %		
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

RECEIVED

MAY 17 2005

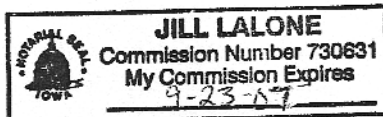
NEBRASKA LLOYD
CONTROL CORPORATION

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC.
Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: October 1 Ending date: September 30

State of Iowa)
Polk) ss.
County)



Jill Lalone

Notary Public Signature & Seal

By *Richard N. Jurgens*
President/Member

Richard N. Jurgens

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Stephen P. Meyer
Secretary/Member

Stephen P. Meyer

Verify Form and Print

FORM 35-4183
REV. 02/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

RECEIVED

MAY 17 2005

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>NEBRASKA LIQUOR
CONTROL COMMISSION

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Hy-Vee, Inc. *

Class & License number

Class C *

Trade Name of Licensed Premise

Hy-Vee #1 *

Street Address of Licensed Premise

6919 "O" Street *

City

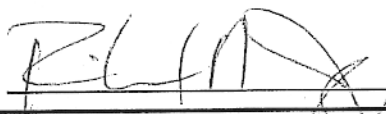
Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



Richard N. Jurgens

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Baty, Darren J. *

Sex *

F

M



Social Security Number

*

Date of Birth

*

Place of Birth

CEDAR FAUS, IOWA *

Home Street Address

7531 Garland *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68505 *

Home Telephone Number

202-7498 *

Business Telephone Number

402-483-7707 *

Drivers License Number

State

NE *

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Baty Kimberly A. Kollar

Social Security Number

2005

Drivers License Number

State

NE

NEBRASKA LIQUOR
CONTROL COMMISSION

Place of Birth

NE, MO

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☐

☒

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☒

☐

Same 1998

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐

☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒

☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒

☐

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETEYear
From To**RECEIVED**

MAY 17 2005

Applicant: City & State

KIRKSVILLE, MO 95 98

Spouse: City & State

KIRKSVILLE, MO 95 98

NEBRASKA LIQUOR
CONTROL COMMISSIONYear
From To

Applicant: City & State

LINCOLN, NE 98 05

Spouse: City & State

LINCOLN, NE 98 05

Year
From To

Applicant: City & State

Spouse: City & State

Year
From To

Applicant: City & State

Spouse: City & State

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer

HY-VEE

Year

From To

87 05

Name of Supervisor

PAT KENSLEY

Telephone Number

483-7707

Name of Employer

Year

From To

Name of Supervisor

Telephone Number

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

STATE OF NEBRASKA)

) SS

COUNTY OF

Lancaster

MAY 17 2005

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Dan Batz
Signature of Applicant

Kimberly A. Batz
Signature of Spouse (if applicable)

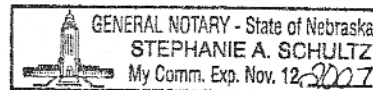
Subscribed in my presence and sworn to before me this
25 day of APRIL 105.

Subscribed in my presence and sworn to before me this
25 day of April 105

Stephanie A. Schultz
Notary Signature & Seal



Stephanie A. Schultz
Notary Signature & Seal



Verify and Print

FORM 35-4013
REV. 2/01